

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 MAY 14 AM 11:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V00463**

1. Corporation Name
AIR SEA CONTAINERS, INC.

Principal Place of Business
**2749 NW 82 Avenue
 Miami, Florida 33122
 US**

Mailing Address
**2749 NW 82 Avenue
 Miami, Florida 33122
 US**

REINSTATEMENT

97-98 AD

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/17/91	
City & State		City & State		5. FEI Number	
Zip		Country		65-0300490	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	BOND, ALAN	5250 SW 99 Terrace	Coral Gables, Fl. 33156
VS	BOND, ALAN	5250 SW 99 Terrace	Coral Gables, Fl. 33156
V	BOND, ROSARIO	5250 SW 99 Terrace	Coral Gables, Fl. 33156
			300002526343--2 -05/15/98--01120--019 *****8.00 *****8.00
			300002526343--2 -05/15/98--01120--020 *****8.75 *****8.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GEORGE J. LOTT, ESQ. LOTT & LEVINE 9130 S. Dadeland Blvd., Suite 1701 Miami, FL. 33156		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: **5/13/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* **ALAN BOND, President** **PRESIDENT** Date: **5/13/98** Daytime Phone #: **305-599-9123**

CR2E040 (1/98)